

Curbstone

Consultation:

An Effort

To Improve Communications At Annual Meetings

I. Origins of the APHA Southern Branch Experiment

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AS PROFESSIONAL associations have grown in size and numbers, annual meetings in particular have become more diversified and cumbersome. In the initial stages of the development of public health associations, only a small handful of enthusiasts participated. Such small and highly motivated groups had no need to be unusually concerned about methods and techniques of holding meetings.

Tradition, however, has a way of stabilizing procedures, and financial considerations are a powerful force in channeling the course of

activity. These can shackle forward movement, unless, of course, the tradition be itself in essence a conscious effort to innovate, to accept, and to adapt to change, and unless we become masters of our financial problems rather than finances becoming the master of our methods. In public health, tradition has been of a very plastic character in relation to the science of hygiene, less so in relation to the art of group dynamics. Thus, the scientific content of our annual meetings has continued to grow while the efforts to get this information to attending members have been much less fruitful.

To a large extent, this has been true because of the compulsion for getting "papers" presented and published, even though many of the papers be merely restatements of already established information and themes. This tradition has continued to grow, and the limited outlet for publication has created a bottleneck and a dilemma. And yet, there is as important a place for the presentation of elementary information as for the new without perpetuating the pressure of publishing such presentations. This is especially true for new public health workers and for the partly experienced and unripened field workers who are in the process of learning that which the experienced health worker has already crystallized into his store of knowledge. It is the kind of information which is best disseminated through consultation and discussion.

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It is our task to make a place in our annual meetings for restatement of the older and established information for those who need it without encumbering the already seasoned health workers who are seeking what is new. There are, of course, exceptional circumstances when exceptional individuals may present interpretations of old ideas in a new and enriching manner.

What is needed, then, is not fewer meetings but a better adjustment of the dynamics of holding meetings patterned to the purposes for which particular meetings are held.

The Needs of Field Workers

The Southern Branch of the American Public Health Association has centered its interest primarily on the public health field worker. It has, therefore, been incumbent on the Southern Branch to devise methods of holding meetings which would best serve the field workers, and which would make the annual professional meetings both opportunities for the active participation of most of those who attend and profitable public health experiences for those who participate.

The purpose of annual meetings should coincide with the interests and needs of those for whom the meetings are held. For the majority of public health field workers, the most common reasons for going to meetings could be classified as follows:

The need that professional workers have for talking over their problems and sharing their local successes with colleagues from other localities and with recognized specialists and authorities.

The mental and emotional stimulation they get in anticipating the atmosphere of good fellowship and in experiencing the unexpected—effects which are reflected in performance on the job.

The need of individuals to expand their sphere of participation in the activities and achievements of public health work, particularly to participate actively in professional meetings in order to satisfy their ego, to widen

their sphere of acquaintance, to develop a broadened viewpoint, to accumulate experiences, to learn new trends—all of which develop confidence and build competence.

The feeling that they will gain a better perspective of their specialty in relation to the total public health picture, and the need to feel part of a larger community of interests to which a portion of one's life has been dedicated.

If the majority of public health field workers go to annual meetings for at least some of the above purposes, then the planning, the organization, and the operation of the meetings will require a more dynamic approach. All, or most, of the expectations of the membership necessarily must be satisfied and members must be stimulated and helped to meet in productive manner for discussion of their problems.

The First Curbstone Attempt

No one in a professional field is unaware of the inherent vitality of the annual meeting or of its shortcomings. A large assembly is more often than not charged with the atmosphere of hide-and-seek, despite the fact that much which is there is valuable and useful. In such an atmosphere in 1950 was born the idea of "curbstone" consultation. Could not public health consultants man booths similar to the commercial displays and exhibits seen at many association meetings? Could not they exchange information there with their colleagues who seek a heart-to-heart discussion of the routine problems which the formal presentation of papers seems not to touch?

The idea caught on. Some weeks later it was adopted by the program planning committee of the Southern Branch for its 1951 meeting in Biloxi, Miss.

The informal designation of curbstone consultation was used to describe this approach, with the hope that the informality of the method would secure flexibility and adaptability. Since a start had to be made, the Biloxi meeting was geared to the following plan:

A list of 50 public health subjects thought to be of interest to field workers to be selected and classified in accordance with the major interests of the various sections of the parent American Public Health Association.

In the same manner as scientific and commercial exhibits operate, each subject or group of subjects to have a booth; those representing subjects relating to a particular section to be arranged in proximity.

Each section chairman to be responsible for obtaining enough consultants to operate each booth. Depending on the nature of the subject matter, there should be enough consultants for each booth so as not to tie down any consultant over too long a period, since each one would probably also have need for seeking consultation.

Consultants for each booth to develop their own method of operation, being responsible for bringing their own visual aid materials, technical demonstrations, or printed matter.

Each booth to have at least one table and several chairs and to be supplied with a registration book.

Each section chairman to be responsible for having placards made for each of his section booths, indicating the names of the consultants serving each booth at a particular time.

An overseer or manager for each booth to be designated from among the consultants who would meet for a short time before the curbstone session in order to plan such administrative details as the sequence in which the consultants would take their place in the booths.

Out of a 2½-day meeting, a full day to be devoted to curbstone consultation.

This plan, of course, was designed to meet the general needs of field workers. Specifically, it was hoped it would—

Give broad participation to field workers.

Give firsthand personal contact between Association members from different States in an organized, orderly, and expeditious manner.

Give a real opportunity for exchange of ideas and personality impressions.

Bring the timid more easily into participation.

Provide a better opportunity for general and specialized information exchange.

Make most people feel their importance in the community of health workers.

Breed confidence in those who might feel themselves lacking in the opportunity for broadened contacts.

Bring together on a favorable basis those who have had the opportunity to contribute to public health with those who are becoming the future contributors.

Bring into more favorable light those who deserve recognition.

Stimulate those who were chosen as consultants to organize their knowledge about their subjects and to develop their abilities to impart their knowledge to others.

The Plan in Operation

The section chairmen were key figures in developing the *modus operandi* of this first attempt at curbstone consultation. They were supplied with an outline detailing their responsibilities and those of consultants and booth managers and setting forth some of the details of arrangements. Consultants were urged to get at the preparation of materials as early as possible. Special attention was given to materials to be used in the consultation process. The following were specifically suggested:

Articles, pamphlets, outline notes, worksheets, and the like, which describe new methods of approach to problems, new techniques, means of evaluating programs, and any other tools which could be of practical use to the field worker.

Placards carrying provocative questions concerning practical field problems.

Technical demonstrations that would be interesting and informative to the membership.

Audiovisual materials for demonstrating aspects of work which could be adapted by field workers.

Section chairmen were advised further that an announcement would be made at the first general session of the meeting describing the purpose of curbstone consultation and how it

would operate. Consultation periods were scheduled for an afternoon and for the following morning.

Naturally, there was some misunderstanding and apprehension on the part of those making the arrangements and of the consultants. Even the essentially mechanical matter of arranging the booths to the satisfaction of the consultants was not easy. Some booth spaces were too small and too far removed from the flow of traffic. Signs and placards were not all ready and satisfactory. Some booths were spaced too closely, and others lacked needed equipment and facilities. The commercial booths were separated from the consultant booths and were located conspicuously away from the flow of traffic. Some booths had to be dismantled too early in order to prepare for other activities. Nevertheless, the crowds that attended the booths were encouraging, and most individuals who were not concerned with the operations appeared to be having a refreshing experience.

Lessons From Biloxi

No plan for evaluating the curbstone consultation part of the program had been set up. However, every section chairman and consultant was asked for observations that would contribute to better planning in the future. Many other individuals were asked for similar pertinent criticism. Much was gleaned from this unorganized method of evaluation; and, indeed, many flaws in the method of organizing the program were brought to light. However, with few exceptions the response was enthusiastic and exciting. Most individuals were convinced that this method or a similar dynamic organization, when developed more smoothly, would definitely meet the needs of the field workers.

A meeting was called several weeks after the Biloxi meeting to evaluate the criticism and to make recommendations to those who were to organize the next Southern Branch meeting in the spring of 1952 at Baltimore. Recommendations dealt both with the general approach and with details of administration. It was suggested, for example, that 2 half days be devoted to curbstone consultation on the second day of

the meeting. Planning, it was thought, should be handled by a chairman and committee, and the planning phase should be extended. Also, more advance information about the plan should be made available, including names of consultants and their topics and schedules. Southern Branch members should be briefed at section meetings prior to the consultation day. If possible, section meetings should be tied in with consultation in such a way that questions remaining unanswered could be referred to the proper consultation booth. The membership also should be informed of their own responsibilities as well as of the personal advantages to them in participating in the consultation process; that is, they should be prepared to raise questions and discuss their own problems and experiences.

It seemed sensible to reduce the number of consultation booths or topics to a relatively few functional and subject-matter categories, each precisely defined. Consultants should be asked to make an effort to find out as much as possible about each other's topics so that useful referrals could be made, should spend at least 2 hours on duty, and should report to the chairman their experiences and suggestions for further development.

As for physical arrangements, temperature, ventilation, and lighting were found to be important. Booths should be easy to locate, well marked, attractively arranged to permit a degree of privacy in consultation. The booths should be set up before, not during, the meeting. They should be stationary and not subject to interference from other activities. Commercial and scientific exhibits should be placed in the same general area, or at least in the stream of traffic, and exhibit materials and means of posting signs and displays should be provided.

Although the recommendations resulting from the evaluation of the Biloxi meeting supplied a few new items which were adopted for the 1952 Baltimore meeting, the new circumstances of the latter meeting brought forth new ideas and new experiences which were quite unexpected and exciting, thus underscoring again that flexibility and adaptability are the essence of the curbstone consultation technique.